

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | |
|--|--|--|---|---|--|--|--|---|---|--------------------------|-----|--|---|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT | TIME | 2. ADDRESS OF OCCURRENCE | | | 3. LOCATION CODE | | | 4. BEAT/OCUR | | | | | |
| | 04-NOV-2011 | 17:29:00 | | | | 291 | | | 0933 | | | | | |
| | 5. POSITION | 6. LAST NAME | 7. FIRST NAME | 8. STAR NO. | 9. SEX | 10. RACE CODE | 11. AGE | 12. HT | 13. WT | | | | | |
| | 9161 | | | 17803 | <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | S | | | | 507 | 190 | | | |
| | 14. DATE OF APPT | 15. EMPLOYEE NO. | 16. UNIT & SEAT OF ASSIGNMENT | 17. DUTY STATUS | 18. MEMBER INJURED/INP | | | 19. MEMBER IN UNIFORM? | | | | | | |
| | 17-DEC-2001 | | 009 0931 | <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input checked="" type="checkbox"/> 03 Ver <input type="checkbox"/> 02 No | | | | <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | |
| | 20. LAST NAME | 21. FIRST NAME | 22. M.I. | 23. SEX | 24. RACE | 25. D.O.B. | 26. HT. | 27. WT | | | | | | |
| | | | | <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | | | | | | | | | | |
| | 28. ADDRESS | 29. TELEPHONE NO. | 30. WAS SUBJECT ARMED? | 31. SUBJECT INJURED? | | | 32. SUBJECT ALLEGED INJURY? | | | | | | | |
| | | | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | | 34. BY WHOM? | | | 35. CONDITION | | | 36. CHARGES PLACED | | | | | |
| | | | | | | <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized | | | | | | | | |
| | | | | | | | | | | | | | | |
| SUBJECT INFORMATION | 37. CB NO. IR NO. <input checked="" type="checkbox"/> DNA | | | | | | | | | | | | | |
| | 38. PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAULTANT/ASSAULT | | ASSAULTANT/BATTERY | | ASSAULTANT/DEADLY FORCE | | | | | |
| | SUBJECT'S ACTIONS | | MEMBER'S RESPONSE | | IMMINENT THREAT OF BATTERY | | ATTACK WITH WEAPON | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM | | | | | |
| | DID NOT FOLLOW VERBAL DIRECTION | | PLED | | <input type="checkbox"/> OTHER | | <input type="checkbox"/> OTHER | | <input type="checkbox"/> WEAPON | | | | | |
| | STIFFENED (DEAD WEIGHT) | | PULLED AWAY | | <input type="checkbox"/> OTHER | | <input type="checkbox"/> ATTACK WITHOUT WEAPON | | <input type="checkbox"/> OTHER | | | | | |
| | OTHER | | | | | | | | | | | | | |
| | OPEN HAND STRIKE | | ELBOW STRIKE | | <input type="checkbox"/> OTHER | | KNEE STRIKE | | <input type="checkbox"/> FIREARM | | | | | |
| | TAKE DOWN / EMERGENCY HANDCUFFING | | CLOSED HAND STRIKE/PUNCH | | <input type="checkbox"/> OTHER | | KICKS | | <input type="checkbox"/> OTHER | | | | | |
| | OC CHEMICAL WEAPON | | IMPACT WEAPON (Describe in Box 40) | | <input type="checkbox"/> OTHER | | IMPACT WEAPON (Describe in Box 40) | | | | | | | |
| | CANINE | | | | | | | | | | | | | |
| TASER (Probe Discharge) | | | | | | | | | | | | | | |
| TASER (Contact Slim) | | | | | | | | | | | | | | |
| TASER (Laser Targeted) | | | | | | | | | | | | | | |
| TASER (Spark Displayed) | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 40. ADDITIONAL INFORMATION | | | | | | | | | | | | | |
| | OEMC NOTIFIED @ 1729 HRS...009 DESK (SGT.HITEY#1227), SGT.VUCKO#1306 AND W/C (CPT.JOHNSON #106) NOT>@1735HRS...OPS COMM NOT. @1845HRS...IAD(SGT.COCHRAN) NOT. @1850HRS. IPRA (JOHNSON#10906) NOTIFIED @1913HRS LOG#1049806. ANIMAL BITE #11- | | | | | | | | | | | | | |
| | 41. WEAPON TYPE | <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL | | 42. INCIDENT OCCURRED | | 43. LIGHTING CONDITIONS | | 44. WEATHER CONDITIONS | | | | | | |
| | <input type="checkbox"/> 01 REVOLVER | <input type="checkbox"/> 05 CHEMICAL WEAPON | | <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor | | <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Down <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Ambul. | | <input type="checkbox"/> CLEAR | | | | | | |
| | <input type="checkbox"/> 02 RIFLE | <input type="checkbox"/> 06 TASER (Probe Discharge) | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> 03 SHOTGUN | <input type="checkbox"/> 07 OTHER | | 45. MAKE/MANUFACTURER SPRINGFIELD ARMORY M1A | | 46. MODEL XD45 | | 47. BARREL LENGTH 4.0 | | 48. CALIBER/GAUGE 45 CAL | | | | |
| | 49. TASER DART ID NO. | 50. WEAPON SERIAL NO. (Include Letters) | | 51. CHICAGO POLICE NO. | | 52. OWNER ID. NO. | | 53. HANDGUN CERTIFICATE NO. | | | | | | |
| | 54. SPECIAL WEAPON CERTIFICATE NO. | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED Department Issued | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | | 58. TOTAL NO. OF SHOTS MEMBER FRED 1 | | | | | | |
| | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) | | | | | | | | |
| | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) | | | | | | | | | | | |
| 70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | | |
| 71. REPORTING MEMBER (Print Name) RAMOS, YASIR C STAR/EMPLOYEE NO. 17803 SIGNATURE [Redacted] | | | | | | | | | | | | | | |
| 72. REVIEWING SUPERVISOR (Print Name) VUCKO, JASON M STAR NO. 1306 SIGNATURE [Redacted] | | | | | | | | | | | | | DATE REVIEWED 04-NOV-2011 TIME 19:43:06 | |
| 73. SIGNATURES | | | | | | | | | | | | | | |
| 74. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL, OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

 DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

A pit bull had attacked the officer and was biting his leg. The officer had no other recourse to prevent great bodily harm.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CDNO. 1049806 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, ROBERT R

SIGNATURE

DATE COMPLETED **04-NOV-2011** TIME **19:53:00**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

| | | |
|--|---|---|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT | <input type="checkbox"/> I.O.R. REPORT |
| <input type="checkbox"/> ARREST REPORT | <input type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> CR INITIATION REPORT |
| TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(S) | | |

80. TOTAL TRR'S THIS EVENT No.

1